

## Accident Form

### Building/Location Where the Accident or Illness Occurred

Building: [ MO0127 ] RICHARD BOLLING Fed Bldg.  
Address: 601 E. 12TH St., KANSAS CITY,

**Please Complete the Rest of this Form & fill in all fields**

Your Name & Phone:

Your Title:

Date of Accident:   
(mm/dd/yy)

Time of Accident:

Location of Accident:

What was Victim doing just before the accident?

Describe the accident:

What happened as the result of the accident?

What corrective actions were taken?

## Environmental conditions at the time of the accident

Please circle the appropriate response.

Weather  
Condition:

Clear  
Fog or Heavy Clouds  
Rain  
Sleet  
Snow  
Incident was indoors  
Weather, other

Lighting:

Dark and Unlighted  
Lighted or Illuminated  
Lighting provided but out or inadequate  
Other

Surface  
Description:

Brick or Stone  
Concrete  
Dirt or Sand  
Dry  
Grass  
Gravel or Rock  
Ice or Snow covered  
Loose sand or dirt

Metal  
Oily  
Other  
Rug or Carpet  
Tile or Terrazzo  
Uneven or Potholes  
Wet or Muddy  
Wood

Surface  
Condition:

Dry  
Ice or snow covered  
Loose sand or dirt  
Oily  
Other  
Uneven or potholes  
Wet or muddy

Surroundings:

Building maintenance area  
Elevator or escalator  
Exterior grounds  
Hallway, lobby or stairwell  
Motor vehicle  
Office space  
Other  
Storage or warehouse area

Hazardous  
Situations:

Absence of or faulty handrails on steps, stairs or ramps  
Absence of or faulty steps, stairs or ramps  
Absence of or inadequate working or maintenance platforms  
Aisle or working area inadequate  
Animals or insects  
Dangerous arrangement of loading or unloading areas  
Excessive noise  
Excessive wax on floor  
Faulty or no job training  
Improper assignment of personnel or lack of knowledge or skill  
Improper or insufficient lighting  
Improper ventilation  
Improperly loaded equipment  
Inadequately guarded equipment  
Inappropriate clothing  
Lack of job procedures or safety rules  
Lack of or confusing warning labels  
Lack of personal protective equipment (PPE)  
No hazardous situation identified  
Not enough or faulty electrical outlets; no GFCIs  
Other hazardous situation  
Poor housekeeping, congested or blocked area  
Sight obstruction  
Standing ice, water or other liquids  
Uneven walking surface  
Unsafe operational methods

## Victim Information

Name of Victim:

*First*

*MI*

*Last*

Status of  
Victim:

Child Care Ctr Employee  
Child Care Ctr Occupant  
Contractor/Consultant  
Fed. Empl. (non-GSA)  
GSA Employee  
Other  
Visitor  
Volunteer

Resulting  
Health:

Asbestosis  
Cumulative Trauma Syndrome  
Welder's flash  
Not Applicable

Personal :  
Factor:

Failure to comply with rules or SOP  
Failure to use prescribed equipment  
Fatigue  
Horseplay  
Inattention to surroundings or job  
No unsafe personal factor identified  
Operating without authority  
Other unsafe personal factor not listed  
Using alcoholic beverages or prescription drugs

Unsafe  
Practice:

Adjusting/cleaning equipment in operation; Lock-Out not used  
Failure to communicate known or recognized hazard  
Failure to consult Material Safety Data Sheet (MSDS)  
Failure to correct known or recognized hazard  
Haste and/or taking shortcuts  
Improper lifting  
Improper use of equipment or materials  
Inattention or distraction  
No unsafe practice identified  
Not using prescribed Personal Protective Equipment (PPE)  
Other unsafe practice not listed  
Pulling instead of pushing  
Safety devices/guards removed or jury-rigged  
Throwing materials instead of carrying or passing  
Unsafe carrying, loading, stacking  
Using defective equipment

Injury/Illness

Source:

Animal  
Air pressure tool, pump or compressor  
Bacteria/virus (not human contact)  
Boiler or pressure vessel  
Box, Barrel, etc.  
Chemical - dry  
Chemical - gas or vapor  
Chemical - liquid  
Close call - no injury or illness reported  
Clothing, apparel, shoes (other than PPE)  
Confined space  
Conveyor (for material, equipment, etc.)  
Dust (silica, coal, etc.)  
Earthmover (tractor, backhoe, etc.)  
Electricity  
Elevator, escalator, personnel hoist  
Equipment layout (ergonomic - not office equipment)  
Fibers - asbestos  
Fibers, not otherwise classified  
Fire, flame or smoke (not tobacco)  
Food  
Forklift, crane  
Glass  
Guard, shield (fixed, movable, deadman)  
Hand tool, non-powered (hammer, wrench, etc)  
Hand tool - powered (saw, grinder, etc.)  
Handtruck, dolly  
Heating equipment  
Hoist, sling, chain, jack  
Human (disease)  
Human (violence)  
Insect  
Insufficient data or unknown  
Ladder  
Mechanical power transmission apparatus  
Medicine  
Metal item, not otherwise classified  
Metal item - needle  
Noise  
Office equipment, not otherwise classified  
Office equipment, computer keyboard or screen  
Office furniture or furnishings (not equipment)  
Personal protective equipment (PPE)(e.g., shoes, gloves, etc.)  
Plant (e.g., poison ivy)  
Radiation, nonionizing (electrical)  
Radiation, ionizing (nuclear type)  
Scrap, trash  
Steam  
Stress (emotional)  
Walking or working surface (stairs, ramp, etc.)  
Walking or working surfaces (floor, street, etc.)  
Temperature extremes (indoors)  
Temperature extremes (outdoors)  
Vehicle - common carrier (boat, taxi, plane, etc.)  
Vehicle - government-owned (GOV)  
Vehicle - privately-owned (POV)(includes rentals)

Type of Injury or  
Illness:

Absorbed through skin
Bitten by
Caught between
Caught in
Caught on
Close call - no injury or illness reported
Contacted by (object moving)
Contacted with (injured person moving)
Cut by
Fell on different level
Fell on same level
Ingested
Inhaled
Insufficient data - unclassified
Punctured by
Slipped, tripped but not fall
Stressed by repeated action
Stressed by single action
Struck against
Struck by
Stung by
Traveling in

Body Part  
Affected:

Abdomen
Arm(s) and / or wrist(s)
Back, lower
Back, upper
Chest
Close call - no injury or illness reported
Cranial bone(s)
Ear(s) - external
Ear(s) - internal
Elbow(s)
Eye(s) - external
Eye(s) - internal
Face
Foot or Feet
Finger(s) and or thumb(s)
Hand(s)
Jaw
Knee(s)
Leg(s), Hip(s), Ankle(s) or buttocks
Lung(s)
Neck, throat - external
Neck, throat, larynx - internal
Nose
Not otherwise specified
Rib(s)
Scalp (external)
Shoulder(s)
Stomach
Toe(s)
Tongue
Tooth or teeth
Trunk or abdomen bones - not otherwise classified
Waist